

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		05-03-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	5-16-1
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date			
Final	Original	12	05	08
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Claim	Date			
Final	Original	12	05	08
12	19	08	14	22
01	02	03	03	
51	✓	✓	✓	
52	✓	✓	✓	
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Claim	Date			
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If more than 150 claims or 10 actions  
staple additional sheet here